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2/20/04

JP 1614

EXPRESS MAIL NO. EV348173048US

**TRANSMITTAL  
FORM**(To be used for all correspondence  
after initial filing)

Application Number	09/896,811
Filing Date	June 29, 2001
First Named Inventor	Thomas D. Madden
Art Unit	1614
Examiner Name	Clinton T. Ostrup
Attorney Docket No.	480208.407

**RECEIVED****FEB 26 2004****ENCLOSURES (check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> CD(s), Number of CD(s) _____                                      |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Request for Corrected Filing Receipt                            | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input checked="" type="checkbox"/> Amendment/Response                          | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
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| <input type="checkbox"/> Affidavits/declaration(s)                              | <input type="checkbox"/> Petition to Convert to a Provisional Application                | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Declaration   | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Information Disclosure Statement; Form PTO-1449        | <input type="checkbox"/> Statement under 37 CFR 3.73(b)                                  | <input checked="" type="checkbox"/> Return Receipt Postcard                                |
| <input type="checkbox"/> Cited References                                       | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> Additional Enclosure(s) (please identify below):                  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                 | <input type="checkbox"/> Request for Refund  | _____  |
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**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Carol D. Laherty, Ph.D.	Customer Number <b>00500</b>
Signature		
Date	February 19, 2004	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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